



*E.O. File*  
*See DoA Dir*  
*mem, 8-4-98*

TERRITORY OF GUAM  
OFFICE OF THE GOVERNOR  
AGAÑA, GUAM 96910  
U. S. A.

EXECUTIVE ORDER NO. 98-21

RELATIVE TO IMPLEMENTING THE GOVERNMENT OF  
GUAM PHYSICAL FITNESS AND WELLNESS PROGRAM.

WHEREAS, the physical fitness and wellness of the employees and the citizens are of paramount importance; and

WHEREAS, statistics show that the health status of Guam's population continues to be affected each year due to lifestyle practices that result in increased stress levels; obesity; and medical conditions such as cardiovascular diseases and diabetes; and

WHEREAS, the Governor's Council on Physical Fitness and Sports aims to stimulate physical fitness and wellness programs and activities throughout the community, and has been tasked to raise the consciousness level concerning personal physical fitness; and

WHEREAS, the Council has implemented and completed the Physical Fitness and Wellness Pilot Program with the government of Guam employees and the results of the pilot program show that there are health benefits to be gained by participants of such a program; and

WHEREAS, the continuation of the Guam Physical Fitness and Wellness Program will benefit the government, its employees, and the community as a whole; and

NOW, THEREFORE, I, CARL T. C. GUTIERREZ, I Maga'lahaen Guåhan, Governor of Guam, by virtue of the authority vested in me by the Organic Act of Guam, as amended, and the laws of Guam, do order:

1. That the agency head of all departments and agencies of the government of Guam, both line and autonomous, establish a Physical Fitness and Wellness Program for their employees and adhere to the guidelines prescribed in the Guam Physical Fitness and Wellness Plan, as published by the Governor's Council on Physical Fitness and Sports, in support of the Vision 2001 objectives for health care.
2. Each agency head shall appoint a Wellness Coordinator for their respective agency, as stated in the Guam Physical Fitness and Wellness Plan, no later than August 15, 1998 and establish its program no later than September 15, 1998. Names of the Wellness Coordinators and established programs shall be submitted to the Division of Health Planning and Development of the Department of Integrated Services for Individuals with Disabilities.
3. That the Governor's Council on Physical Fitness and Sports continue to work with the Department of Public Health and Social Services, the Department of Parks and Recreation, and private sector fitness and wellness organizations to promote fitness and wellness within the community by collaborating with the village mayors to establish a physical fitness and wellness program within each village, henceforth to be called the "The Healthy Villages Program."


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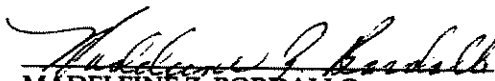


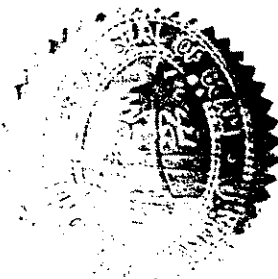
4. That the Division of Health Planning and Development of the Department of Integrated Services for Individuals with Disabilities serve as the liaison between the Department of Public Health and Social Services, the village mayors, and the Governor's Council on Physical Fitness and Sports in the implementation of The Healthy Villages Program, as well as in support of the government's Physical Fitness and Wellness Program.
5. That the Division of Health Planning and Development of the Department of Integrated Services for Individuals with Disabilities continue to monitor the physical fitness and wellness program with the government and serve as an information and resource center for departments and agencies in this endeavor.

SIGNED AND PROMULGATED at Hagåtña, Guam this 29th day of July, 1998.

  
CARL T. C. GUTIERREZ  
I Maga'lahaen Guåhan  
Governor of Guam

COUNTERSIGNED:

  
MADELEINE Z. BORDALLO  
Segunda na Maga'lahaen Guåhan  
Lieutenant Governor of Guam



DEPARTMENT OF ADMINISTRATION  
Division: \_\_\_\_\_

## *Wellness Program Waiver Form*

**The following employees have waived all claims against the Department of Administration and the government of Guam for accidents and/or injuries which they may have sustained while voluntarily participating in the Department of Administration wellness activities, and have affixed their signatures to that effect:**

[illegible]

The following employees have decided not to participate in the Department of Administration Wellness Program as of the date/s indicated. However, if any of these employees decide, in the future, to participate in any physical fitness programs approved by the Department of Administration, they may submit their request in writing and sign the Waiver Form above.

[illegible]

# WELLNESS PROGRAM

## EMPLOYEE-MANAGEMENT AGREEMENT

This **Agreement** details my understanding of my personal responsibilities and management's responsibilities and requirements in allowing me to exercise the privilege of spending a maximum of one hour a week to participate in a physical fitness and wellness program under the authority of the Director, Department of Administration.

1. That I will have to obtain my supervisor's approval on my desired schedule and the kind of physical fitness and/or wellness activity I intend to participate in.
2. That, although I have obtained my supervisor's approval of the schedule I had submitted, I fully agree and understand that, when my workload or shortage of staff in my section requires that I be present on the job during my scheduled wellness time, that I will abide by this requirement. I also understand that management will make its best effort to allow me to make up for the time that I missed my wellness schedule not to exceed one hour a week.
3. That I waive all liabilities of the government of Guam should I get into any accident or injure myself when participating in the wellness program or when driving to and from my place of employment to my exercise or workout site.
4. That management may require that I prepare a leave form to charge administrative excused time when I leave my job site for the wellness program, to ensure accountability and for emergency reasons.

(NOTE: Employees who wish to participate in the Physical Fitness and Wellness Program must sign below and identify the physical fitness activity the employee desires to participate. All activities and schedules will have to be approved by the supervisor.)

EMPLOYEE'S NAME	PHYSICAL ACTIVITY	SCHEDULE DAYS/TIME	EMPLOYEE'S SIGNATURE/DATE	SUPERVISOR'S APPROVAL/DATE

CONCURRED BY:

\_\_\_\_\_  
DIVISION ADMINISTRATOR

DATE: \_\_\_\_\_

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## WELLNESS PROGRAM SCHEDULE

EMPLOYEE'S NAME	PHYSICAL ACTIVITY	SCHEDULE DAYS/TIME	EMPLOYEE'S SIGNATURE/DATE	SUPERVISOR'S APPROVAL/DATE
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**CONCURRED BY:**

**DIVISION ADMINISTRATOR**

DATE: \_\_\_\_\_